



Loved One's Guide



Loved One's Guide

The Everything List

Myself

Individuals to contact and documents to obtain in the event of accident, illness or death.

Name: _____ Date: _____

The Everything Binder

Location: _____

Estate Plan

Location: _____

Who has a copy? _____

Estate Planning Attorney

Name: _____

Phone #: _____

Email: _____

Tax Accountant

Name: _____

Phone #: _____

Email: _____

Financial Advisor

Name: _____

Company: _____

Phone #: _____

Email: _____

Additional Special Instructions:

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Addition to The Everything Binder Book - Chapter 18

This is not a legal document and does not replace any estate planning documents.





Loved One's Guide

"What If" Scenario

Myself

Current documents and preferences for how/from whom I wish to receive care.

Name: _____ Date: _____

Trusted Emergency Contact

Name: _____

Phone #: _____

Email: _____

Executor/Trustee

Name: _____

Phone #: _____

Email: _____

Power of Attorney

Name: _____

Phone #: _____

Email: _____

POA Type (full, durable, etc.): _____

Location of Documents: _____

Long-Term Care Insurance

Insurance Company: _____

Phone #: _____

Policy #: _____

Location of Statement: _____

Additional Special Instructions:

Large rounded rectangular area for additional special instructions.





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"What If" Scenario

Myself

Discussions with my caregiver prior to incapacitation:

Would you prefer to stay in your home or go to a care facility?

Home Care Facility

Long-Term Care Facility Preference: _____

Specific Instructions for Pet(s): _____

If early onset memory loss is noticed:

How would you like to be approached? _____

Order of Important Contacts:

1. Name: _____	3. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

2. Name: _____	4. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

Additional Special Instructions:

Large rounded rectangular area for additional special instructions.

Signature: _____ Date: _____





Loved One's Guide

The Everything List

Spouse/Partner

Individuals to contact and documents to obtain in the event of accident, illness or death.

Name: _____ Date: _____

The Everything Binder

Location: _____

Estate Plan

Location: _____

Who has a copy? _____

Estate Planning Attorney

Name: _____

Phone #: _____

Email: _____

Tax Accountant

Name: _____

Phone #: _____

Email: _____

Financial Advisor

Name: _____

Company: _____

Phone #: _____

Email: _____

Additional Special Instructions:

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"What If" Scenario

Spouse/Partner

Current documents and preferences for how/from whom I wish to receive care.

Name: _____ Date: _____

Trusted Emergency Contact

Name: _____

Phone #: _____

Email: _____

Executor/Trustee

Name: _____

Phone #: _____

Email: _____

Power of Attorney

Name: _____

Phone #: _____

Email: _____

POA Type (full, durable, etc.): _____

Location of Documents: _____

Long-Term Care Insurance

Insurance Company: _____

Phone #: _____

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"What If" Scenario

Spouse/Partner

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Long-Term Care Facility Preference: _____

Specific Instructions for Pet(s): _____

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How would you like to be approached? _____

Order of Important Contacts:

1. Name: _____	3. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

2. Name: _____	4. Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

Additional Special Instructions:

[Large rounded rectangular area for additional special instructions]

Signature: _____ Date: _____

